SUBMISSION ID: 970028 STATUS: Revision PERMIT NUMBER: H2-Oh-Yeah 4MP00028*AM **FACILITY:** LOCATION: 2134 C.R. 224 STATION CODE: 401

MONITORING PERIOD: Ashley, OH 43003

COUNTY: Morrow **REPORTING LAB:** Brookeside DISTRICT: CDO ANALYST: Kari Long NO DISCHARGE INDICATOR:

> Application Nitrogen, Nitrogen, Nitrite Plus Phosphorus, Rate-**PARAMETER** рΗ Inorganic, E. coli Ammonia

	h.,	(NH3)	Nitrate, Total	Total	Total (P)		Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-06-01							
2020-06-02	7.75	.024	AA0.01	AA0.01	.002	184.93	.4
2020-06-03	7.75	.024	AA0.01	AA0.01	.002	184.93	.18
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12	7.75	.024	AA0.01	AA0.01	.002	184.93	.4
2020-06-13							
2020-06-14		8					
2020-06-15	7.75	.024	AA0.01	AA0.01	.002	184.93	.26
2020-06-16							
2020-06-17	7.75	.024	AA0.01	AA0.01	.002	184.93	.40
2020-06-18	7.75	.024	AA0.01	AA0.01	.002	184.93	.13
2020-06-19							
2020-06-20	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
2020-06-21							
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
2020-06-26	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
2020-06-27							
2020-06-28							
2020-06-29							
2020-06-30	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
Minimum	7.75	0.024	0.0	0.0	0.002	184.93	0.13
Maximum	7.75	0.024	0.0	0.0	0.002	184.93	0.4
Average		0.024	0	0	0.002	184.93	0.257
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del>~~~~~~~~</del>	~~ <del>~~~~~~~</del>	~~~~~~		~g~~~~~ccccccccccccccccccccccccccccccc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Count 10 Name of Responsible I certify under the penalty of law that I | Signature of Responsible Official or Submission Official or Authorized have personally examined and am Date/Time **Authorized Representative** Representative familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the Certification Jeff submitted information is true, accurate **Version Date** and complete. I am aware that there Williamson are significant penalties for submitting 2020-07-30 11:07 false information, including the possibility of fine and imprisonment.

Page 1

 SUBMISSION ID:
 970028
 STATUS:
 Revision

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari Long

NO DISCHARGE INDICATOR:

			NC	DISCHARGE II	NDICATOR:		
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING TYPE	24hr Total Estimate						
2020-06-01							
2020-06-02	.432						
2020-06-03	.1738						
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08		<u></u>					
2020-06-09							
2020-06-10			ļ				
2020-06-11	430		-				
2020-06-12	.432	<u> </u>	<b> </b>				
2020-06-13 2020-06-14		<b></b>	<b>-</b>				
2020-06-14	.2808						
2020-06-16	.2000						
2020-06-17	.432	<b></b>	1				
2020-06-18	.0976						
2020-06-19							
2020-06-20	.216						
2020-06-21	***************************************	•		************************************			***************************************
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25	.216						
2020-06-26	.216						
2020-06-27		<b></b>	ļ				
2020-06-28		<b></b>	<b> </b>				
2020-06-29	^ <i>^</i>	<u></u>					
2020-06-30	.216	ļ					
Minimum	0.0976	<u></u>					
Maximum	0.432	8 8		000000000000000000000000000000000000000		200000000000000000000000000000000000000	
Average	0.27122			***************************************			
Count	10						
Name of Resp Official or Aut Representa	horized have p ative familia submit inquiry	ersonally exam or with the infor tted herein and y of those indiv	rmation based on my iduals	Author	f Responsible ized Represent	Official or ative	Submission Date/Time
Jeff William	immed the inf submit and co are sig false in	ble for obtaining leve the is true, accurate vare that there les for submitting luding the imprisonment.	Ž			Certification Version Date 2020-07-30 11:0	
***************************************				***************************************	~ ~ ~ ?	***************************************	

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 SUBMISSION ID:
 970028
 STATUS:
 Revision

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	I inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Dis	000000000000000000000000000000000000000
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-06-01							
2020-06-02							
2020-06-03							
2020-06-04		<u> </u>		<b></b>			
2020-06-05							
2020-06-06 2020-06-07		8		<b></b>		<b></b>	
2020-06-08	~~~~	-				<b></b>	
2020-06-08		•				<b></b>	
2020-06-10		1				<b>t</b>	
2020-06-11							
2020-06-12							
2020-06-13							
2020-06-14							
2020-06-15							
2020-06-16				<b></b>			
2020-06-17		-		<u> </u>		<b></b>	
2020-06-18		-		<b></b>		<b></b>	
2020-06-19 2020-06-20		8		<b></b>		<b></b>	
2020-06-20		1				<b>-</b>	
2020-06-22		8					
2020-06-23		-					
2020-06-24							
2020-06-25							
2020-06-26				<b></b>		<b></b>	
2020-06-27	~~~~			<b></b>			
2020-06-28		<u> </u>		<b></b>		<b></b>	
2020-06-29		-		<u> </u>		<b></b>	
2020-06-30	<b></b>	ļ	<b></b>	<u> </u>		<b></b>	
Minimum							
Maximum		<b></b>		<b></b>		<b>!</b>	
Average			### DECEMBER 1				000000000000000000000000000000000000000
Count			L,	<u> </u>			
Name of Resp Official or Aut Representa	horized _{have p} ative familia submi	fy under the per personally exam ar with the infor tted herein and y of those indiv	rmation based on my	;   Signature o Author	of Responsible rized Represent	Official or tative	Submission Date/Time
Jeff William	immed the ind submi and co SON are sig false i	ble for obtaining leve the is true, accurated are that there les for submitting the imprisonment.	te g			Certification Version Date 2020-07-30 11:07	

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 SUBMISSION ID:
 970028
 STATUS:
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

ANALYST:

AL

NO DISCHARGE INDICATOR:

				DISCHARGE II			
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING	24hr Total						
TYPE	Estimate						
2020-06-01		Ī		***************************************			
2020-06-02							
2020-06-03							
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10		-					
2020-06-11			ļ	***************************************		<u> </u>	
2020-06-12		-				<b></b>	
2020-06-13		-				<b> </b>	
2020-06-14 2020-06-15							
2020-06-15							
2020-06-17							
2020-06-17		<del></del>				<b></b>	
2020-06-19		-					
2020-06-20							
2020-06-21		•		***************************************			
2020-06-22		1					
2020-06-23		1					
2020-06-24							
2020-06-25							
2020-06-26		888					
2020-06-27		8					
2020-06-28							
2020-06-29	***************************************		***************************************				
2020-06-30							
Minimum				***************************************			
Maximum	000000000000000000000000000000000000000			000000000000000000000000000000000000000			000000000000000000000000000000000000000
Average							
Count				***************************************			
Name of Resp	onsible I cert	ify under the per	alty of law that	I Signature o	f Responsible	Official or	Submission
Official or Aut	horized have	personally exam	ined and am	Author	ized Represent	ative	Date/Time
Representa	ative famili	ar with the infor	mation				
		itted herein and					
	inani.	ry of those indivi	iduals				
300000000000000000000000000000000000000	imme	diately responsi	ble for obtaining		***************************************	000000000000000000000000000000000000000	000000000000000000000000000000000000000
		formation, I beli		'			
1 (	8 7	itted information		۵			Certification
Jeff		omplete. I am aw					Version Date
William		gnificant penalti					
vviillaili	SOII gre si			9			2020-07-30 11:07
		information, incl					
	possi.	bility of fine and	umprisonment.		***************************************	***************************************	

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 SUBMISSION ID:
 970028
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			IV.	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	l inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Dis	
SAMPLING						61	
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-06-01							
2020-06-02						<b></b>	
2020-06-03		<b>_</b>		<b></b>		<b>_</b>	
2020-06-04		<u> </u>				<b>!</b>	
2020-06-05 2020-06-06		1		<u> </u>		<b></b>	
2020-06-07		<b>-</b>		<b></b>		<b></b>	
2020-06-08						<b></b>	
2020-06-09						<b></b>	
2020-06-10						<b></b>	
2020-06-11							
2020-06-12				8			
2020-06-13							
2020-06-14							
2020-06-15							
2020-06-16				<b></b>		<b> </b>	
2020-06-17				<u> </u>		<b>!</b>	
2020-06-18		-		<b>!</b>		<b> </b>	
2020-06-19 2020-06-20		-		<b></b>		<b></b>	
2020-06-20		<b>-</b>		<u> </u>		<del> </del>	
2020-06-22						<b></b>	
2020-06-23							
2020-06-24				<u> </u>			
2020-06-25							
2020-06-26							
2020-06-27							
2020-06-28							
2020-06-29		<b>-</b>		<b></b>		<b> </b>	
2020-06-30							
Minimum							
Maximum				<b></b>		<b></b>	
Average	000000000000000000000000000000000000000						
Count							
Name of Resp Official or Aut Representa	horized _{have p} ntive familia submi	fy under the per personally exame ar with the infort tted herein and y of those indiv	rmation based on my	; I Signature o Author	of Responsible rized Represent		Submission Date/Time
Jeff Williamson Willia				te			Certification Version Date 2020-07-30 11:0

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 SUBMISSION ID:
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			NC	DISCHARGE II	NDICATOR:	AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING	24hr Total						
TYPE	Estimate						
2020-06-01							
2020-06-02							
2020-06-03				***************************************			
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12							
2020-06-13							
2020-06-14							
2020-06-15							
2020-06-16							
2020-06-17							
2020-06-18				***************************************			
2020-06-19							
2020-06-20	*************************************			***************************************			
2020-06-21			_				
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25 2020-06-26			_				
2020-06-27		_					
2020-06-28		-					
2020-06-29		-					
2020-06-30	anaeennaanaeennaanaeennaanaeennaa				***************************************		
	***************************************						
Minimum							
Maximum	000000000000000000000000000000000000000	200000000000000000000000000000000000000		000000000000000000000000000000000000000			
Average	***************************************						
Count							
Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals			Signature of Author	of Responsible ized Represent	Official or ative	Submission Date/Time	
000000000000000000000000000000000000000	imm	iediately respon	sible for obtaining		000000000000000000000000000000000000000	300000000000000000000000000000000000000	
Jeff Williamson the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						Certification Version Date 2020-07-30 11:0	

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Revision 4MP00028*AM SUBMISSION ID: 970028 STATUS: FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: STATION CODE:

MONITORING PERIOD: Ashley, OH 43003

COUNTY: Morrow **REPORTING LAB:** Brookeside DISTRICT: CDO ANALYST: Kari Long

			N	O DISCHARGE I	NDICATOR:		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rati	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1/2 Weeks	1/2 Weeks	1/2 Weeks	1/2 Weel	cs 1/2 Weeks
SAMPLING						24hr Tota	al .
TYPE	Grab	Grab	Grab	Grab	Grab	Estimate	" Grab
2020-06-01	1.323	.9	.0001	.002	10.6987	0	.48
2020-06-02				<u></u>			
2020-06-03				<b></b>		<b></b>	
2020-06-04		***************************************		<b></b>		<b></b>	
2020-06-05							
2020-06-06 2020-06-07				<b></b>		<b> </b>	
2020-06-08	1.716	.081					
2020-06-09	1./10	100.					
2020-06-10						<b> </b>	
2020-06-11							
2020-06-12							
2020-06-13		***************************************		<b>*************************************</b>		<b>1</b>	
2020-06-14				<u> </u>			
2020-06-15	1.992	1	.0001	.002	.602	.173	.48
2020-06-16							
2020-06-17							
2020-06-18							
2020-06-19							
2020-06-20		***************************************		<u></u>			
2020-06-21						<b></b>	
2020-06-22	1.62	.9333		<b></b>		<b></b>	
2020-06-23							
2020-06-24						<b></b>	
2020-06-25 2020-06-26						<b></b>	
2020-06-27							
2020-06-28						<b></b>	
2020-06-29							
2020-06-30	***************************************			***************************************			***************************************
Minimum	1.323	0.081	1.0E-4	0.002	0.602	0.0	0.48
Maximum	1.992	1.0	1.0E-4	0.002	10.6987	0.173	0.48
Average	1.66275	0.72858	0.0001	0.002	5.65035	0.0865	0.48
Count	4	4	2	2	2	2	2
	onsible I certif	v under the net	A		f Responsible	8	Submission
Official or Aut		ersonally exam		Author	ized Represent		Date/Time
Represent		r with the infor			•		
		ted herein and					
		of those indiv					
000000000000000000000000000000000000000			ble for obtainin	7	000000000000000000000000000000000000000		000000000000000000000000000000000000000
		ormation, I beli		9			
1 6	8 ,		is true, accurat	۰۵			Certification
Jeff		nplete. I am aw		.0			Version Date
_	gana con		es for submittin	a l			
William	SUIT die sig.			y			2020-07-30 11:07
		formation, incl					
************************	[DOSSIDI	my of tine and	<u>imprisonment.</u>		********************************		

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 SUBMISSION ID:
 970028
 STATUS:
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari Long

NO DISCHARGE INDICATOR:

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogei Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1/2 Weeks	1/2 Weeks	1/Month	1/Month	1/Month	1/Month	1
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-06-01	37.7	2	8.06	AA5.0	.0001	AA5.0	
2020-06-02							
2020-06-03							
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12							
2020-06-13							
2020-06-14							
2020-06-15	37.383	2					
2020-06-16							
2020-06-17							
2020-06-18							
2020-06-19							
2020-06-20		***************************************					
2020-06-21							
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25							
2020-06-26							
2020-06-27							
2020-06-28							
2020-06-29		***************************************	***************************************	***************************************			
2020-06-30							
Minimum	37.383	2.0	8.06	0.0	1.0E-4	0.0	
Maximum	37.7	2.0	8.06	0.0	1.0E-4	0.0	
Average	37.5415	2		<u> </u>	0.0001	<u> </u>	
Count	2	2	1	1	1	1	
Name of Resp Official or Aut Representa	ative familia submit	y under the pen ersonally exami r with the infor ted herein and l r of those indivi	ined and am mation based on my		f Responsible ( ized Representa		Submission Date/Time
Jeff Williamson Willia				е			Certification Version Date 2020-07-30 11:0

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FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2020-06-01 To: 2020-06-30

Ashley, OH 43003

#### **PARAMETER COMMENTS:**

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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